


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	CHIP DICING		
Application Type : regular, utility Attorney Docket Number : BUR920040151US1			
Correspondence address: Customer Number: 30449 			
<b>Inventors Information:</b>  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Timothy <b>Middle Name:</b> H. <b>Family Name:</b> Daubenspeck <b>Residence:</b> <b>City of Residence:</b> Colchester <b>State of Residence:</b> VT <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> 160 Pine Meadow Drive <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Colchester <b>State of Mailing Address:</b> VT <b>Postal Code of Mailing Address:</b> 05446 <b>Country of Mailing Address:</b> US <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b>  <u>Inventor 2:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Jeffrey <b>Middle Name:</b> P.			

**Family Name:** Gambino  
**Residence:**  
**City of Residence:** Westford  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 98 Huntley Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Westford  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05494  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Christiopher  
**Middle Name:** D.  
**Family Name:** Muzzy  
**Residence:**  
**City of Residence:** Burlington  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 169 Maple Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Burlington  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05401  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** DD  
**Given Name:** Wolfgang  
**Family Name:** Sauter  
**Residence:**  
**City of Residence:** Richmond

**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 170 Valley View Ext.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Richmond  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05477  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

30449



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10504  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**